

FILED
-17-20

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21579

State File No. 1179

JUL 3 1941 974
Registration District No.

Primary Registration District No. 5387

Registrar's No. 68

1. PLACE OF DEATH:

- (a) County Douglas
(b) City or town Roy Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Talitha Ellison

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. 2 Single, widowed, married, divorced. Widowed
7. Birth date of deceased Oct. 16 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 7 22 hr. min.

9. Birthplace Roy Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

- MOTHER FATHER { 12. Name Joshay Barns
13. Birthplace Douglas Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Pollie Perkins
15. Birthplace Roy, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Unie Ellison(b) Address Roy, Mo.

17. (a) Burial (b) Date thereof 5-24 10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McKnight Cem.18. (a) Signature of funeral director Clinkingbeard Funeral Home(b) Address Ava, Missouri

19. (a) 6-28 41 (b) Reba K. White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Douglas
(c) City or town Roy (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1941 hour 5 minute _____ P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Old age Duration _____Due to no dr. attended

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 976
(Specify type of place) (e) Means of injury _____

23. Signature Reba K. White (M. D. or other) 1
Address Ava Mo Date signed 6-28-41

J.L. Bentley
Per. [illegible]

RECEIVED

District Health Officer No. 6,

District File Number 741-1009

Date Filed JUL 2 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *W.B. Hutchinson*

Licensed Embalmer No. 3481

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.